APR 1 5 2004

PART B - FEE(S) TRANSMITTAL

Complete and

end this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as maintenance fee notifications.

The property of the current correspondence address as maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

21186

02/04/2004

SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A. P.O. BOX 2938

MINNEAPOLIS, MN 55402

Theravance, Inc 901 Gateway Blvd.

South san Francisco, CA 94080

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate caunot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEF address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Barbara Bryant	(Depositor's name
Barbara Bry aut-	(Signature)
April /5 , 2004	(Date)
	~

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/943.420 08/30/2001 Jason P. Chinn P-097-R 7837

TITLE OF INVENTION: SODIUM CHANNEL MODULATORS

APPLN, TYPE	SMALL ENTITY	ISSUE FEE	DUDI 10 - TO L		
nonprovisional	YES		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
<u> </u>	123	\$665	\$300	\$965	05/04/2004
EXA	MINER	ART UNIT	CLASS-SUBCLASS	7	:
RAO, D	EEPAK R	1624	514-231200	j	••

Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

A Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

I Jeffrey A. Hagenah 2 Roberta P. Saxon <u> Joyce G. Cohen</u>

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Theravance, Inc.

South San Francisco, California

Please check the appropriate assignee category or categories (w	rill not be printed on the patent);	individual	in corporation or other private	mta omoun aneire.	
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):		_ volporation of outer pitve	are group entity	O government
Olissue Fee	A check in the amou	nt of the fee(s)	is enclosed	:	
Y Publication Fee	☐ Payment by credit ca				·
Advance Order - # of Copies10	M The Director is here Deposit Account Numb			<b>.</b>	
	Deposit Account Numb	er50~03	60 Coclose an ex	), or creat any c	verpayment, to

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. (Authorized Signature)

(Date)

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyon other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Parent and Trademark Office.
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) are application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 2331-1450.
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

04/16/2004 AUONDAF2 00000023 500344 09943420

01 FC:2501 665.00 DA 02 FC:1504 300.00 DA 03 FC:8001 30.00 DA

TRANSMIT THIS FORM WITH FEE(S)

PTOL-85 (Rev. 11/03) Approved for use through 04/30/2004.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT; OF COMMERCE